CMS Perspectives on health care provider complaints & query management

CMS
Council
for Medical Schemes

gems
Government Employees
Medical Scheme

GEMS Provider Relations Strategy Workshop

11 February 2025

Discussion points

1. Historical overview
2. Complaint volumes: 2010 – 2024
    - 2.1. Open v Restricted medical schemes
    - 2.2. GEMS complaints
3. Common HCP concerns
4. Issues to address
5. Measures to improve relations with HCPs
6. Insights from clinical enquiries
7. Recommendations for improvement of query management

Legislative mandate

Core Mandate: Member Protection

Derived from Section 7 of the Medical Schemes Act.

Protect:

Section 7(a): Protect the interests of beneficiaries at all times

Investigate:

Section 7(d): Investigate complaints and settle disputes in relation to the affairs of medical schemes as provided for in the Act

Historical overview

2010 – 2015

Surge in complaint volumes

Bulk provider complaints

November 2011

High Court judgement in BHF v CMS and others

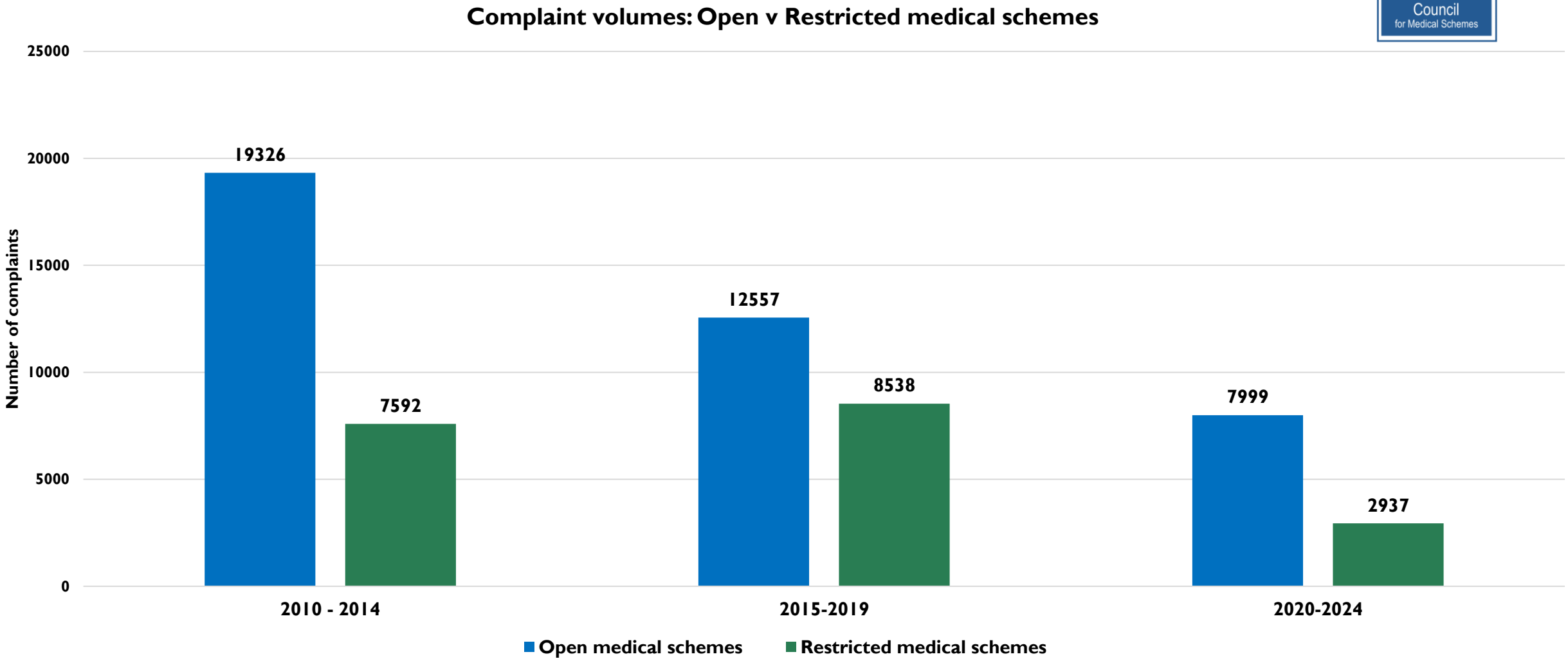
PMB Regulations *"pay in full"* interpretation

2015 – 2019

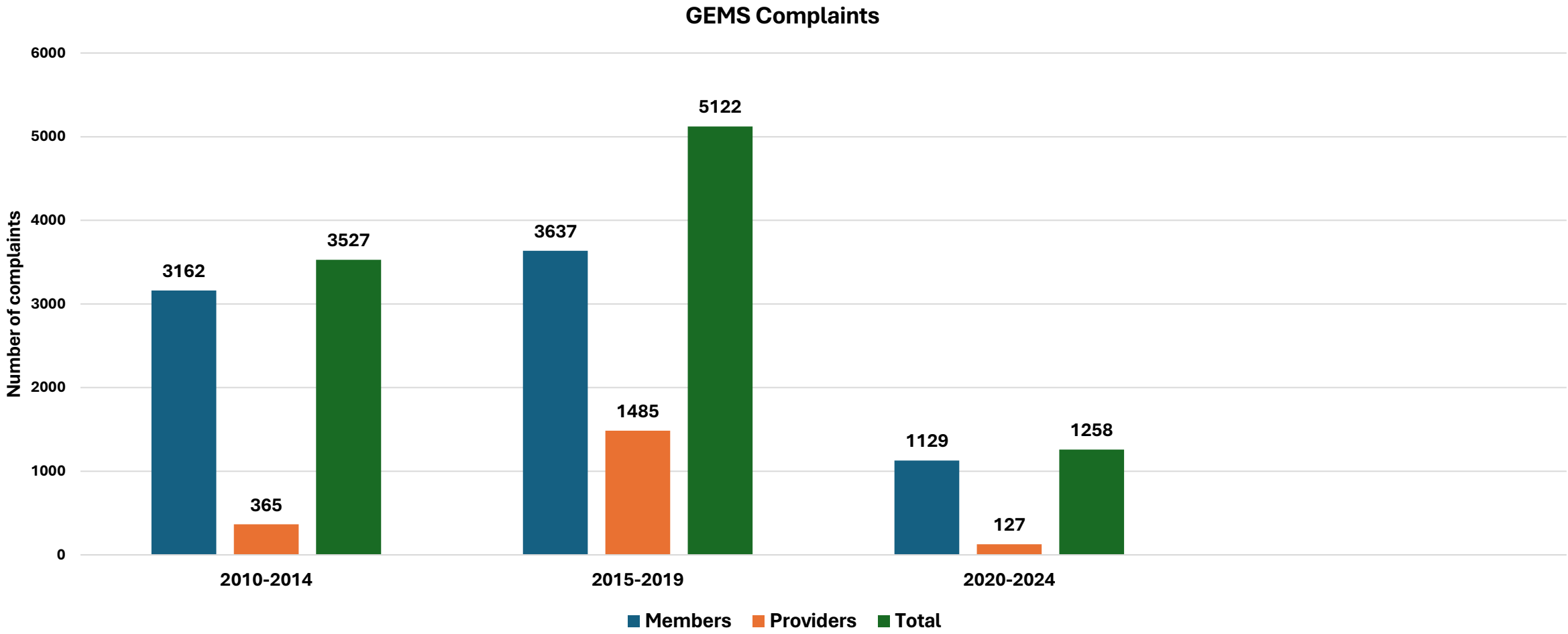
Complaint volumes and HCP queries continued to increase

2020 – 2024: Beginning of decline

Open v Restricted medical schemes



GEMS Complaints: 2010 - 2024



Common HCP concerns

- **Non-compliance with PMB funding regulations**
  - Short payment of PMB claims
  - PMB level of care disputes
  - Funding of exceptions / complications
- **Disputes over appointment and use of DSP's**
  - Voluntary and involuntary use of non-DSP
  - DSP availability
  - DSP proximity
- **No responses from medical schemes**
  - Inconsistent feedback loop
  - Poor query management
  - Premature closure of queries

Issues to address

Healthcare Providers	Medical Schemes
Inadequate understanding of PMB entitlements / Scheme rules	Incorrect application of the Act or scheme rules
Inadvertent misinformation to members	Protocols and Formularies not adequately communicated
Upfront disclosure non-DSP status to patients prior to rendering services	Transparent disclosure of network and DSP arrangements to members
No prior disclosure of fees charged	Clarity of medical scheme rates/tariffs
Communication of authorization terms received from medical schemes	Clear, rule based reasons for adverse funding decisions
Agility in submission of clinical evidence and motivations	Inadequate communication of benefit entry criteria, funding limits, contribution increases, rule changes.
Transparent information sharing in simple, understandable language	Simplified benefits, rules and funding structures

Measures to improve relations with HCPs

- **Written protocols must be complaint with Regulation 15D**
- **Transparency** in determining **clinical necessity, appropriateness, efficiency and affordability** of health services
- **Clear and data driven decision making**
- Interventions to review funding decisions and override where clinically necessary
- **Communication** of funding decisions and **reasons** to beneficiaries & HCPs
- **Transparent** appeal process for reviewing adverse funding decisions
- Providers are also entitled to access protocols, formularies, benefit limitations and exclusions

Clinical enquiries

PMB related

- Confirmation of benefits and PMB level of care
- DTP interpretation / Explanatory Notes
- Funding of treatment exceptions (Reg. 15H(c) / 15I (c))
- Benefit definition interpretation
- Funding of solid organ transplants
- Oncology benefits
- Post amputation limb prosthesis
- Formulary enquiries
- Funding of PMB and non-PMB treatment complications

Clinical enquiries

Non-PMB related

- Scheme tariffs
- Benefit exclusions / Rule based funding limits
- Poor understanding of benefit entitlement
- Poor communication
- Waiting periods
- Coding disputes (NHRPL tariff codes and modifiers; ICD 10 codes)
- Benefit exclusions (GSE / Option specific exclusions)
- Benefits depletion

Recommendations to improve query management

- Engage providers on their obligation to inform patient of cost of treatment
- Address inadequate pre-discharge planning = post discharge funding disputes
- Collaboration between case managers & treating doctors
- Communicate DSP / Network provider lists openly and regularly
- Ensure contracted providers are adequately informed
- Open channels for providers to access the scheme
- Improve management of emergencies/after hours admissions

Recommendations to improve query management

- **Clear communication of pre-authorisation terms and conditions.**
- **Furnish HCPs with detailed explanation of funding limits**
- **Clear guidelines for overriding of funding decisions, where clinically necessary**
- **Referral of complex clinical cases to Medical Advisor / Clinical Advisory Committees**
- **Providers must be informed of funding rates (MSR or private rates)**

Thank you!

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